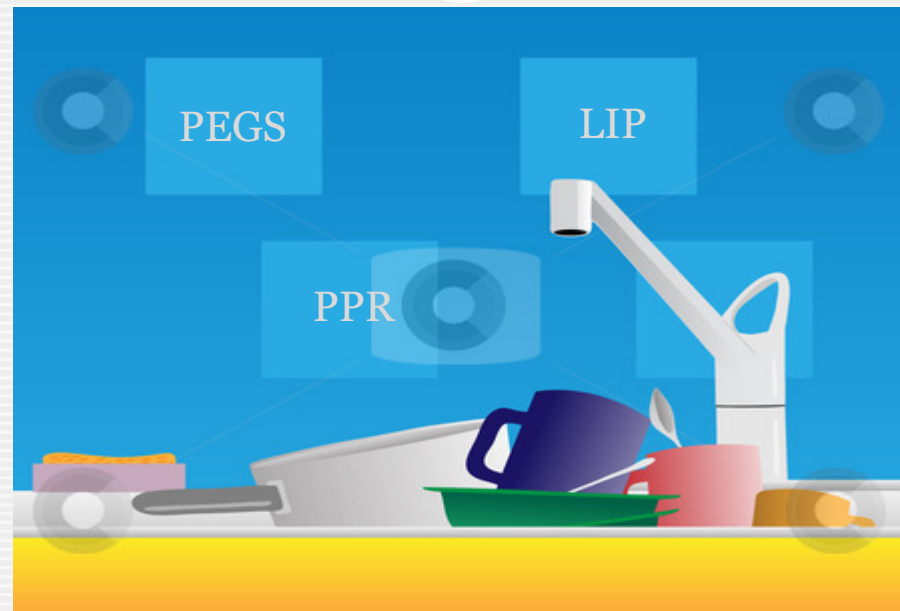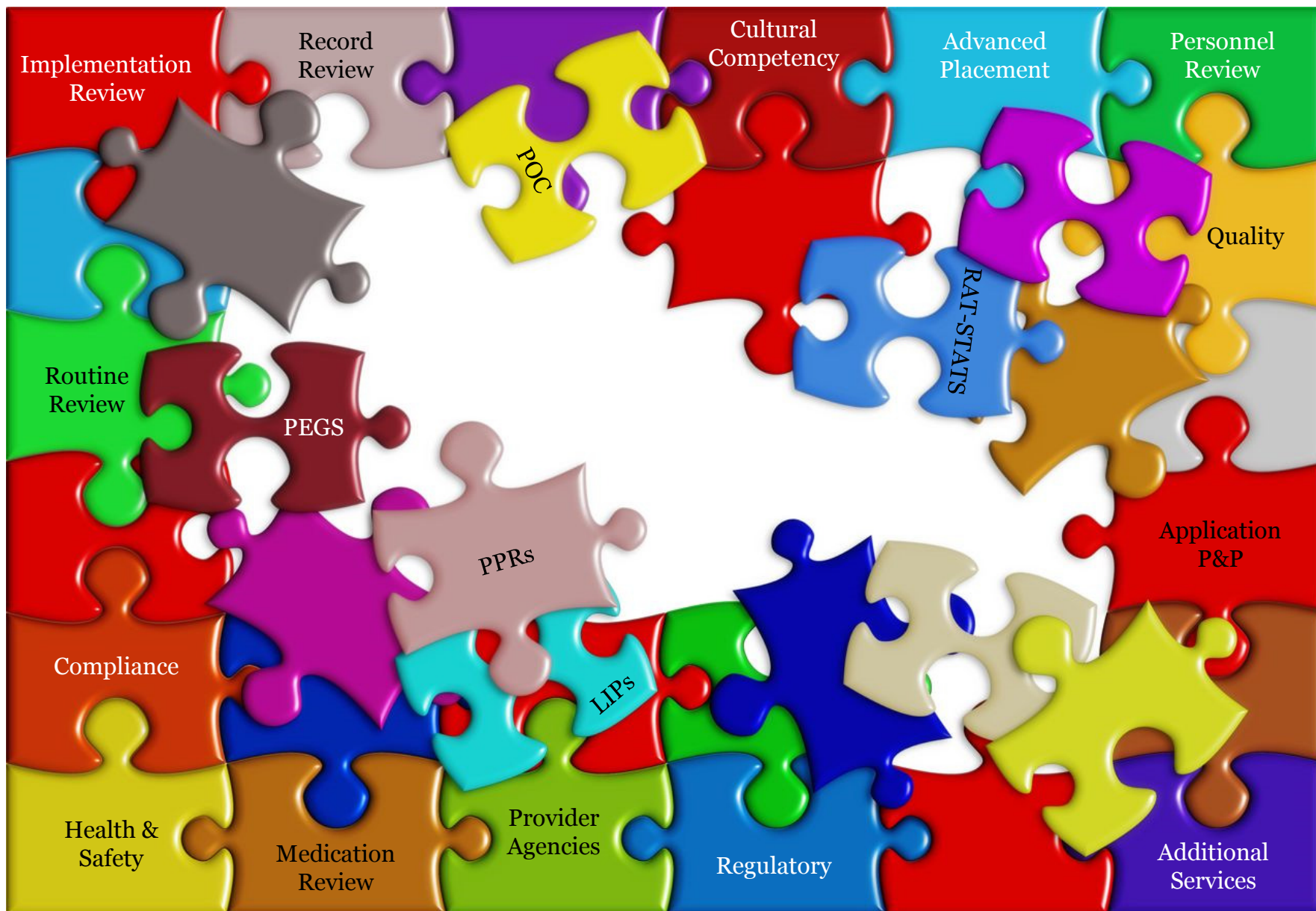# Everything About
Gold Star Provider Monitoring
BUT the Kitchen Sink!

MARY T. TRIPP

POLICY UNIT LEADER

DMH/DD/SAS ACCOUNTABILITY TEAM

JUNE 25, 2013

Why?

○ As the local mental health authority, the LME is responsible for the management and oversight of the public system of MH/DD/SA services at the community level.

○ Provider monitoring and quality control are among the key functions of the LME.

NC GS §122C-111

NC GS § 122C-115.4

Session Law 2002-164

Why?

- Transitioning from a directly enrolled fee-for-service reimbursement system to a capitated prepaid payment system under the 1915(b)(c) waiver results in increased accountability by the LME-MCO for quality of care, positive outcomes, and financial viability.

  - Public perceptions, expectations and scrutiny demand accessible, high quality services that protect the health and well-being of its beneficiaries.

  - This includes being a good steward of the public trust and public funds and resources.

Why?

- Additional requirements as a waiver entity:

  - Medicaid Provider Requirements (*NC GS § 108C*)

  - Quality Assessment and Performance Improvement (*42 CFR 438.240*)

  - Program Integrity (*42 CFR 455*)

  - Utilization Control (*42 CFR 456*)

  - Post-Payment Reviews (*42 CFR 456.23*)

What?

o The PBH Model was a tried and tested demonstration model.

o A uniform, standardized system for monitoring providers is necessary as the public system evolves into a managed care entity.

o Reduction of duplication and streamlining the administrative burden on LMEs and providers results in a better managed and more efficient system.

How?

- Session Law 2011-264

  - Restructured the management responsibilities for the delivery of MH/DD/SA services through expansion of the waiver

  - Included the management of all publicly-funded MH/DD/SA services (both state-funded and federally-funded services including block grants and other federal grants in addition to Medicaid)

  - Stipulated that expansion shall maintain fidelity to the PBH Model, including provider monitoring

How?

- Session Law 2009-451 (SB 202)

  ○ Streamline paperwork and administrative burden on LMEs and providers.

  ○ The administration, scoring, and report format for Gold Star Monitoring is completely automated.

  ○ For additional information, see *"Automation of the DHHS Gold Star Provider Monitoring Tools"*:
  http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/training/dmh-goldstarprovidermonitoringtools.pdf

Reaching for the Gold Star

- To implement an <u>appropriate</u> qualification and evaluation system by which to measure the performance of the providers with which the LME-MCO contracts

- To ensure that all providers in the LME-MCO comply with North Carolina standards and rules, 1915(b)(c) waiver requirements and contract guidelines

- To institute procedures to assure and to recognize quality service provision

-Paraphrase of Cardinal Innovations Performance Profile Review
(Gold Star Process) Procedure No. : 5100
Effective Date: August 2011

How?

- Focus of Gold Star Monitoring

  - Regulatory Compliance

  - Quality Performance

  - Documentation

  - Integrity of Billing

Who?

- Providers who contract with a LME-MCO for the provision and reimbursement of publicly-funded behavioral health (MH/SA) and IDD services (including the CAP Innovations Waiver)

  - Provider Agencies

  - Licensed Independent Practitioners (LIPs)

Who?

- Excludes:
  - Early Intervention Services (Birth – 3)

  - Hospitals

  - ICF-MR Facilities

- Note: While these services are not subject to the Gold Star quality and regulatory compliance reviews, all Medicaid-funded services are subject to post-payment reviews as an ongoing program integrity function.

Provider Agencies

Review Tools for Initial and Routine Monitoring
of
Provider Agencies

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/tools.html

How?

- Review Tools for Provider Agencies
  - Rights Notification and Funds Management
  - Record Review
  - Personnel Review
  - Medication Review
  - Health, Safety and Compliance Review
  - Unlicensed AFL Health & Safety Review
  - Cultural Competency Review (after 1st year in network)
  - Post-Payment Review

Rights Notification and Funds Management

○ This tool assesses whether the provider has policies and procedures in place to ensure that individuals in the provider's care have been informed of their rights and that there are measures in place to protect the individual's rights, including the management of the individual's funds and resources.

Record Review

○ This tool includes both regulatory and quality measures.

○ The items on this tool check to see that there is documentation in the individual's record to assure that a number of requirements are in place (e.g., consent to treatment; emergency care; protection of confidentiality; release of information, documentation of coordination of care with medical and non-medical providers; documentation that the comprehensive clinical assessment provides identifies the needs of the individual consistent with the eligibility criteria for the service; documentation that the individualized goals in the service plan are consistent with the expected outcomes of the service definition).

Personnel Review

○ This tool is used to determine whether the staff who signed the documentation had the necessary qualifications and met the training/competency requirements to provide the service.

○ The number of personnel record reviews completed should correspond to the number of staff listed on the Personnel information worksheet (Purple tab).

Medication Review

- This tool is used in monitoring programs where the staff administers medication to the individuals in their care (e.g., 24-hour residential programs or day programs).

- Some items on this tool the agency's policies and procedures for medication administration.

- A special section of the tool is completed for each individual in the sample who receives medication while in the program.

Medication Review

- The guidelines for completing these tools were updated to reflect current EPA and FDA standards for disposing of medication.

- The current standard of practice for ensuring that safeguards are in place to monitor individuals taking antipsychotic and/or controlled substances is provided in the guidance.

- Additional aids are included to assist the monitor in understanding how to identify controlled substances.

Health, Safety and Compliance Review

○ While the majority of the items on this tool have to do with facility-based services, there are some items that also pertain to periodic services (e.g., reporting, investigating and following up on incidents and complaints).

○ This tool would be used for licensed facilities that are not surveyed every 12-15 months.

* Refer to handout – *"Licensed MH/DD/SA Services and Frequency of Surveys Conducted by DHSR Mental Health Licensure and Certification Section"*

Unlicensed AFL Health & Safety Review

- Home Environment
  - A medical preparedness plan
  - Availability of First Aid supplies
  - Adequate food and water

- Personnel
  - Criminal Background Check
  - Availability of backup staff in case of emergency

- Staff Training
  - Individual-specific needs
  - CPR/First Aid
  - Documentation requirements
  - Medication Administration and Training
  - Crisis Services
  - Incident Reporting

Cultural Competency Review

- ..... the capacity to function effectively as an individual practitioner and/or as an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

-The Office of Minority Health

US Department of Health and Human Services

Cultural Competency Review

- Infrastructure

- Policies, Procedures and Practices

- Recruitment, Hiring and Governance

- Opportunities for Skill Enhancement

- Organizational Composition and Climate

- Programs and Services

- Culturally and Linguistically Appropriate Services

Licensed Independent Practitioners

Review Tools for Initial and Routine Monitoring
of
Licensed Independent Practitioners

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/tools.html

How?

- **Review Tools for LIPs**

  - LIP Office Site Review Tool

  - LIP Individual Service Plan Checklist

  - LIP Review Tool

  - LIP Post-Payment Review Tool

LIP Office Site Review

○ Prior to the LME-MCO contracting with the LIP, an on-site review is conducted. The on-site review determines the extent to which the LIP is able to meet state standards in terms of compliance with rules, client rights, records management and documentation standards.

○ This review also looks at whether the LIP has a plan in place to address cultural competency in service delivery.

LIP Individual Service Plan Checklist

○ A mock record review is also a part of the on-site visit.

○ This mock record review helps determine the extent to which the LIP will need to be provided technical assistance in order to meet state standards for documentation, billing and reimbursement.

LIP Review

- This tool is used during the Initial/Implementation Review which occurs 90 days after the first reimbursement has been made to the provider.

- This tool is also used for all subsequent monitoring of the LIP.

LIP Post-Payment Review

- This tool is used to conduct post-payment reviews of the LIP.

- A post-payment review is a part of all monitoring of the LIP once the LIP enters into a contract with the LME-MCO.

Post-Payment Reviews

Post-Payment Reviews

- The sample selected for Gold Star Monitoring is based on paid claims.

- In addition to the generic post-payment review tool, some PPR tools are service-specific.

- A post-payment review is conducted at each phase of monitoring, or when a complaint investigation or follow-up on an incident review occurs.

- The post-payment review tools have a dual purpose – they are used for Gold Star Monitoring and also in conjunction with program integrity audits.

Post-Payment Reviews

- Post-Payment Reviews (PPR) are used to assure that payments are made for services delivered to beneficiaries. Any overpayments identified by this review are required to be recouped or collected.

- PPRs involve examination of claims, payment data, medical record documentation, financial records, administrative research, application of Medicaid coverage policies, and any additional information to support provider's operations and processes.

- PPRs may be conducted via on-site visit or desk review.

Post-Payment Reviews

○ PPRs assure that providers are paid appropriately and are in compliance with state and federal requirements, including funding received from block grants, and other federal programs including Medicaid clinical coverage policies according to the State Plan, the 1915 (b0(c) waiver, and the Prepaid Inpatient Health Plan.

○ PPR tools shall be used when LME-MCO conduct special audits or investigations related to program integrity activities in accordance with the DHHS/LME-MCO Contract, 42 CFR 438.608, 42 CFR 455.14, and 42 CFR 456.23.

Post-Payment Review Tools

- Child and Adolescent Day Treatment

- Diagnostic Assessment

- Innovations Waiver

- LIP

- Outpatient Opioid Treatment

- PRTF

- Residential Treatment

- Generic Tool for all other services

Generic Post-Payment Review Tool

- Ambulatory Detoxification

- Assertive Community Treatment Team

- Community Support Team

- Facility-Based Crisis Program

Generic Post-Payment Review Tool

- Intensive In-Home Services

- Medically Supervised or ADATC Detoxification/Crisis Stabilization

- Mobile Crisis Management

- Multisystemic Therapy (MST)

Generic Post-Payment Review Tool

- Non-Hospital Medical Detoxification

- Partial Hospitalization

- Peer Support Services

- Psychosocial Rehabilitation

Generic Post-Payment Review Tool

○ Substance Abuse Comprehensive Outpatient Treatment Program

○ Substance Abuse Intensive Outpatient Program

○ Substance Abuse Medically Monitored Community Residential Program

○ Substance Abuse Non-Medical Community Residential Program

Specialized Tools

Post-Payment Review Worksheets

○ Staff Qualifications

○ Staffing Ratios
  ⤫ PRTF
  ⤫ Residential Services

*Optional

Application Policy and Procedure Review Tool

o This tool is used when the provider agency requests to enter the provider network.

o This tool looks at the core rules.

o The provider submits a self-assessment to the LME-MCO.

o The LME-MCO conducts a desk review .

o If the service continuum for a provider includes at least one licensed service, the Application Policy and Procedure Review Tool is not required to be administered.

Non-Contract Provider Tool

- This checklist is used to fulfill the requirements of Senate Bill 163.

- The Non-Contract Provider Tool is used to monitor providers in the LME-MCO's catchment area with which the LME-MCO does not contract.

Additional Service Review Tool

o This tool looks at whether the infrastructure has been set up at the new service to assure compliance with rules and regulations for service provision.

o Staff training in the service definition-specific requirements is also assessed.

Special Features of the Gold Star Tools

Special Features of the Gold Star Tools

○ With the exception of the Cultural Competency Review Tool and some items on the Record Review Tool, the items on these tools primarily monitor regulatory compliance.

○ There are guidelines for each tool. In addition to guidance on how to rate an item as met or not met, the rule, regulation or other statutory authority is provided for each requirement. Some items include guidelines for generally accepted best practices.

DHHS Rights Notification and Funds Management Review Tool Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
	For All Service Types:	
1.	Agency information is available and includes rules, responsibilities, and penalties for violation. 10A NCAC 27D .0201 (1) (d) In each facility, the information provided to the client or legally responsible person shall include; (1) the rules that the client is expected to follow and possible penalties for violations of the rules.	Review documentation that supports that the individual/LRP has been informed of requirements/rules for receipt of services from the agency and follow up to violations. Information given within 3 visits or 72 hours, if a residential facility.
2.	How to obtain a copy of their treatment plan. 10A NCAC 27D .0201 (d) (3) the procedure for obtaining a copy of the client's treatment/habilitation plan.	Review documentation that supports that the individual/LRP has been informed of the procedure for obtaining a copy of their treatment plan.
3.	The right to, within 30 days of admission to a facility, have an individuaizedl written treatment or habilitation plan implemented by the facility. General Statutes 122C-57. (a) Each client who is admitted to and is receiving services from a facility has the right to receive age-appropriate treatment for mental health, mental retardation, and substance abuse illness or disability. Each client within 30 days of admission to a facility shall have an individual written treatment or habilitation plan implemented by the facility. The client and the client's legally responsible person shall be informed in advance of the potential risks and alleged benefits of the treatment choices.10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;(4) a pertinent social, family, and medical history; and(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;(2) strategies;(3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;(5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	Review documentation that supports that the individual has been informed of his or her right to have an individuaized written treatment or habilitation plan implemented by the facility within 30 days.
4.	Right to contact Disability Rights NC. 10A NCAC 27D .0201 (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD)[sic] Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.	Review documentation that supports that the individual/LRP has been informed of his or her right to contact Disability Rights North Carolina, formerly GACPD.

Special Features of the Gold Star Tools

o The specific tools used during a monitoring event are determined by the array of services identified by sample selection.

o The number and type of tools used during a review are determined by the number of services provided by the agency and any special services the individual received.

Special Features of the Gold Star Tools

○ The combination of tools provides a snapshot of the provider's performance in the quality measures assessed by the Gold Star tools and in key regulatory compliance areas (including the integrity of the provider's documentation and billing practices).

○ While each phase of monitoring involves the use of multiple tools, each tool is comprehensive enough to be used as a stand-alone tool for more targeted, focused monitoring or justified cause audits.

Special Features of the Gold Star Tools

○ A post-payment review is an integral part of each phase of Gold Star monitoring.

○ Some of the post-payment review tools are tailored to specific services. When there is not a service-specific post-payment review tool, the generic post-payment review tool is used.

Special Features of the Gold Star Tools

○ In cases where an agency provides a comprehensive array of services, more than one post-payment review tool will most likely be used.

○ Documentation, scoring, and reporting are completely automated.

See "*Automation of the DHHS Gold Star Provider Monitoring Tools*" for more details on how the workbooks are set up:

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/training/dmh-goldstarprovidermonitoringtools.pdf

The Phases of Gold Star Monitoring

○ Request to Enter the Network or to Expand the Provider's Service Array

○ Initial (Implementation) Reviews

○ Routine Reviews

○ Advanced Placement on the Provider Performance Profile
  ✗ Preferred, Exceptional, Gold Star Status (PEGS)

Request to Enter the Network or to Add a New Service

- Provider Agencies
  - Application Policy and Procedure Review Tool
  - Additional Service(s) Review Tool

- Licensed Independent Practitioners
  - Office Site Review Tool
  - Mock Record Review

Gold Star Monitoring Process for Provider Agencies

Routine Status

Provider requests to enter Network

↓

Application Policy & Procedure Review

<100% / 100%

POC may be requested

Provisional Status

↓

Implementation Review using Initial Review, unlicensed AFL and Cultural Competency tools (as applicable) and Post-Payment Review of 10 paid claims

If <85% / If >=85%

If a POC is requested, the DMH/DD/SAS Plan of Correction Policy is applied ; the provider may be referred to Network Cross-Functional Team to determine status

Routine Status

↓

Routine Review using Initial Review, unlicensed AFL and Cultural Competency tools (as applicable) and Post-Payment Review of 30 paid claims

↓

Provider elects to either remain on Routine Status or decides to apply for Advanced Placement on the Provider Performance Profile

Advanced Placement on the Provider Performance Profile

Prerequisite longevity in the public service system has been met:
- Preferred Status – 1 year
- Exceptional Status – 2 years
- Gold Star Status – 3 years

↓

Provider submits Self-Assessment for the requested level on the profile

↓

LME-MCO verifies through desk and on-site reviews that requirements have been met

voluntary

Preferred 85% Met	**Exceptional 90% Met**	**Gold Star 95% Met**
- Preferred Review Tool - Cultural Competency Tool - 20 paid claims	- Exceptional Review Tool - Cultural Competency Tool - 15 paid claims	- Gold Star Review Tool - Cultural Competency Tool - 10 paid claims
Every 2 years	**Every 3 years**	**Every 4 years**

Re-certification using the PEGS Tool, Cultural Competency and Unlicensed AFL Tools (as applicable) and post-payment reviews:
- Preferred Status – 20 paid claims
- Exceptional Status – 15 paid claims
- Gold Star Status – 10 paid claims

Failure to maintain performance standards may result in a POC and/or referral to Network Cross-Functional Team

Gold Star Monitoring Process for Licensed Independent Practitioners (LIPs)

LIP requests to enter network

↓

Before contracting with LIP, LME-MCO conducts Office Site Review and mock record review

<85%

>=85%

TA provided

Preliminary Status

↓

90 days after the first payment has been made on the claim(s) submitted by the provider, the LME-MCO conducts a review using the LIP Review Tools and a Post-Payment Review based on 10 paid claims

If <85%

If >=85%

Remains on Preliminary Status and is reviewed annually

Preferred Status and reviewed every 3 years

Planning for the Monitoring Event

Planning the Monitoring Event

Enter the information requested in the yellow highlighted cells in Column B.
Information entered here will automatically be entered in all applicable worksheets in this workbook.

Workbook Set-up Information

LME/MCO:	Cardinal Innovations Healthcare Solutions
PROVIDER NAME:	Right Way, Inc.
FACILITY NAME (Service Site):	Russell Home; Jones Place; Story Road
LOCATION (Address):	52266 Lake Road, Center NC 23555
NPI #:	552266221
PROVIDER #:	155454
MHL #:	ML552185
NAME OF REVIEWER(S):	Barbara Best and Susie Smith
BEGIN REVIEW DATE:	2/8/2013
END REVIEW DATE:	2/8/2013
TYPE OF REVIEW:	Routine

Earliest Observed Service Date	Most Recent Observed Service Date	County	Provider Name	Address	City	State	Procedure Code	Service
20100902	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100818	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100715	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100701	20121231	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100825	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101124	20111111	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		
20100802	20130215	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC		

Filter dropdown menu:
- Sort A to Z
- Sort Z to A
- Sort by Color ▸
- Clear Filter From "Service"
- Filter by Color ▸
- Text Filters ▸
- Search

- ☑ (Select All)
- ☑ ACTT
- ☑ CBS PROF IND
- ☑ COM-SUPPORT-ADULT
- ☑ COM-SUPPORT-ADULT-NQP
- ☑ COM-SUPPORT-ADULT-QP
- ☑ COM-SUPPORT-CHILD
- ☑ COM-SUPPORT-CHILD-NQP
- ☑ COM-SUPPORT-CHILD-QP
- ☑ COM-SUPPORT-TEAM
- ☑ COM-SUPPRT-ADULT-AP
- ☑ COM-SUPPRT-ADULT-PP
- ☑ COM-SUPPRT-ADULT-QPL
- ☑ COM-SUPPRT-ADULT-QPU
- ☑ COM-SUPPRT-CHILD-AP
- ☑ COM-SUPPRT-CHILD-PP
- ☑ COM-SUPPRT-CHILD-QPL
- ☑ COM-SUPPRT-CHILD-QPU
- ☑ COM-SUPPRT-GROUP-QPL
- ☑ COM-SUPPRT-GRP
- ☑ COM-SUPPRT-GRP-NQP
- ☑ COM-SUPPRT-GRP-QP
- ☑ DAY TREATMENT CHILD

[OK] [Cancel]

Sheet tabs: Sheet1 | state print sum01 | data file notes | **provider data in** | by client county month part

Planning the Monitoring Event

○ Decide on the regulatory compliance/quality tools and the post-payment review tools to be used during the review based on the range of services the agency/LIP provides.

Example:

H0040	ACTT
H2015HT	Community Support Team
H2012HA	Day Treatment
T1023	Diagnostic Assessment
H2022	Intensive In-Home
H0015	SAIOP
H2017	PSR

Planning the Monitoring Event

- Identify the agency.
- Identify the date(s) of the on-site review.
- Define the parameters for random sampling (using non-extrapolation).
- Identify the date range (start date and end date) for the paid claims to be pulled.
- Go back 6 months from the date of the on-site. The first three months of this six-month period is the date range from which the sample will be pulled.
- Example: On-site audit will take place: April 1 – 2, 2013
  - To ensure clean (i.e., fully adjudicated) claims, go back six months to identify date range for audit.
  - The date range for the audit sample is from October 1, 2012 – December 31, 2012.
- Identify the specific services the agency/LIP provides.

Tools in this Workbook

	Indicate in Column B the tools that are applicable for this review.

Tools in this Workbook	Applicable (Yes/No)
Rights Notification and Funds Management Review Tool	Yes
Records Review	Yes
Personnel Review	Yes
Medication Review	No
Health, Safety, and Compliance Review	Yes
Health and Safety Review Tool for Unlicensed AFL Facilities	No
Post-Payment Review Tool for Providers (Generic)	No
Post-Payment Review Tool for Innovations Waiver Service Providers	Yes
Post-Payment Review Tool for Providers (Outpatient Opioid Treatment)	No
Post-Payment Review Tool for Providers (Diagnostic Assessment)	No
Post-Payment Review Tool for Providers (Residential Providers Excluding PRTF)	Yes
Post-Payment Review Tool for Providers (Day Treatment)	Yes
Post-Payment Review Tool for Providers (PRTF)	No

Planning the Monitoring Event

○ If any of the services provided are licensed services, check the DHSR survey log to document the dates and results of the mental health licensure survey. Enter this information on the Workbook Setup worksheet.

Licensed MH/DD/SA Services and Frequency of Surveys Conducted by DHSR Mental Health Licensure and Certification Section
Survey Categories & Types of Surveys Conducted

65

Service Category	Name of Service	Residential or Day	Type of Survey Annual (w/n 15 mo.)	Complaint	Follow-Up
.1100 Partial hospitalization-Individuals-Acute MI	Partial Hospital	Day		X	X
.1200 Psychosocial Rehab-Individuals-SPMI	Psychosocial Rehabilitation	Day		X	X
.1300 Residential treatment-Minors—Level II	Residential Treatment Level II	Residential	X	X	X
.1400 Day treatment-Minors-MI	Child and Adoldescent Day Treatment	Day		X	X
.1700 Residential Tx Staff Secure-Minors-Level III	Residential Treatment Level III	Residential	X	X	X
.1800 Intensive Residential Tx-Minors-Level IV	Residential Treatment Level IV	Residential	X	X	X
.1900 PRTF – PRTF-Minors	Psychiatric Residential Treatment Facility (PRTF)	Residential	X	X	X
.2100 Specialized community residential for individuals with developmental disabilities	Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities	Residential	X	X	X
.2200 Before/after school & summer-Minors-IDD	Before and After School Day Care Program Operated by NC Public Schools	Day		X	X
.2300 ADVP-IDD	Adult Day Vocational Program	Day		X	X
.2400 Day Services for children-IDD	Developmental Day Care Program	Day		X	X
.3100 Non-hospital med detox	Non-Hospital Medical Detoxification	Residential	X	X	X
.3200 Social setting detox-SA	Social Setting Detox	Residential	X	X	X
.3300 Outpatient detoxification-SA	Ambulatory Detoxification	Day		X	X
.3400 Residential treatment-SA	Medically Monitored Community Residential Treatment; Residential Recovery Program for Adolescents	Residential	X	X	X
.3500 Outpatient-Individuals with SA	Substance Abuse Outpatient Facility	Day		X	X
.3600 Outpatient narcotic addiction treatment	Opiod Treatment	Day	X	X	X
.3700 Day treatment-Adults-SA	Day Treatment for SA	Day		X	X
.4100 Therapeutic res-Adults/Child	Non-Medical Community Residential Treatment (NMCRT)	Residential	X	X	X
.4300 Therapeutic Community-Adults-SA	Supervised Therapeutic Community	Residential	X	X	X
.4400 SAIOP	SA Intensive Outpatient Program (SAIOP)	Day		X	X
.4500 SACOT	SA Comprehensive Outpatient Treatment (SACOT)	Day		X	X
.5000 Facility based crisis-All disability groups	Facility-Based Crisis Services	Residential	X	X	X
.5100 Community respite-All disability	Community Respite	Residential	X	X	X
.5200 Residential camps-Minors	Residential Therapeutic (Habilitative) Camp; Wilderness Camp	Residential	X	X	X
.5400 Day activity-All disability	Day Activity	Day		X	X
.5500 Sheltered Workshops-All disability	Community Rehabilitation Program	Day		X	X
.5600**A** Group homes-Adults-MI	Supervised Living MI Adult	Residential	X	X	X
.5600**B** Group homes-Minors-IDD	Supervised Living DD Minor	Residential	X	X	X
.5600**C** Group homes-Adults-IDD	Supervised Living DD Adult	Residential	X	X	X
.5600**D** Group homes-Minors-SA	Supervised Living SA Minor	Residential	X	X	X
.5600**E** Adult Halfway House-SA	Supervised Living SA Adult	Residential	X	X	X
.5600**F** Alternative family living	Supervised Living/Alternative Family Living	Residential	X	X	X

Documentation of DHSR Survey Results

Enter the information requested below (if applicable) for internal LME-MCO use only. To be used by the LME-MCO in accordance with monitoring guidelines to determine which tools are required.	
Date of most recent DHSR Survey:	11/1/2013
Service Category (See "Frequency-Licensed Surveys" worksheet):	.1700 Residential Tx Staff Secure-Minors-Level III
Type of DHSR Survey:	Annual
DHSR Survey Findings:	Type B

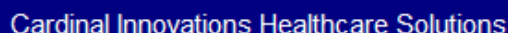| Enter the information requested below (if applicable) for internal LME-MCO use only. To be used by the LME-MCO in accordance with monitoring guidelines to determine which tools are required.	
Date of most recent DHSR Survey:	11/1/2010
Service Category (See "Frequency-Licensed Surveys" worksheet):	.1400 Day treatment-Minors-MI
Type of DHSR Survey:	Follow-Up
DHSR Survey Findings:	Type A

Overall Summary of Results

○ The Overall Summary worksheet (Gray tab) gives an itemized listing of the provider's performance on each tool for both the regulatory compliance /quality tools and the post-payment review tools.

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Health, Safety, and Compliance Review

	# Scorable Items	# N/A	# Met	# Not Met	% Met
1 Medical preparedness plan to be utilized in a medical emergency.	0	0	0	0	0%
2 Written fire plan for the facility.	0	0	0	0	0%
3 Fire plan and disaster plans are available to staff.	0	0	0	0	0%
4 Fire and disaster drills completed quarterly.	0	0	0	0	0%
5 Fire and disaster drills are conducted under conditions that simulate real emergencies.	0	0	0	0	0%
6 First aid supplies are available and accessible for use.	0	0	0	0	0%
7 Evidence that meals/food/water are available/provided based on staff and/or report of individuals served and visual confirmation.	0	0	0	0	0%
8 Transportation including accessibility of emergency info for an individual. Vehicle has equipment to meet physical needs.	0	0	0	0	0%
9 Facility/grounds are safe, clean and free from offensive odors/insects/rodents.	0	0	0	0	0%
10 All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.	0	0	0	0	0%
11 Accommodations for staff/guests are separate from bedrooms of individuals receiving services.	0	0	0	0	0%
12 Emergency info/first aid/CPR/poison control protocol or numbers are posted or easily accessible for staff and individuals to utilize.	0	0	0	0	0%
13 Carbon monoxide [CO] monitor is utilized in the facility if appropriate.	0	0	0	0	0%
14 All incidents are reported and submitted within state timeframes, follow-up is conducted, and recommendations are implemented.	0	0	0	0	0%
15 Level I Quarterly reports are submitted within state timeframes and no POC required.	0	0	0	0	0%
16 Provider identifies patterns and trends on the utilization of restrictive intervention.	0	0	0	0	0%
17 Provider has developed and implemented policies and procedures for receiving and handling complaints.	0	0	0	0	0%
18 The provider is responsive to complaints it receives per policy and procedure time lines.	0	0	0	0	0%
TOTAL	0	0	0	0	0%

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
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Post-Payment Review Tool for Providers (Generic)

	# Scorable Records	# N/A	# Met	# Not Met	% Met
1 Is there a valid utilization management authorization for the service billed?	0	0	0	0	0%
2 Is there a valid service order for the service billed?	0	0	0	0	0%
3 Is there an appropriate service plan current for the date of service?	0	0	0	0	0%
4 Is there an appropriate service plan which identifies the type of service billed?	0	0	0	0	0%
5 Is the PCP individualized for the person receiving the service?	0	0	0	0	0%
6 Does the crisis plan include the required elements?	0	0	0	0	0%
7 Is the documentation signed by the person who delivered the service?	0	0	0	0	0%
8 Does the service note or grid relate to the goal(s) listed in the service plan?	0	0	0	0	0%
9 Does the documentation indicate that the requirements of the service definition/rule were met?	0	0	0	0	0%
10 Does the documentation reflect treatment for the duration of the service billed?	0	0	0	0	0%
11 Does the documentation include an assessment of progress toward goals?	0	0	0	0	0%
12 Is the service note individualized specific to the date of service?	0	0	0	0	0%
13 Do the units billed correspond to the duration documented on the service note?	0	0	0	0	0%
14 Is there documentation that the staff is qualified to provide the service billed?	0	0	0	0	0%
15 Is there an individualized supervision plan in place for paraprofessional and/or associate professional staff?	0	0	0	0	0%
16 Is the staff supervision plan implemented as written?	0	0	0	0	0%
17 Was there a Health Care Registry check completed for the staff prior to this event's date of service [unlicensed employees only]?	0	0	0	0	0%
18 Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service?	0	0	0	0	0%
19 Was the appropriate criminal record check completed prior to this date of service?	0	0	0	0	0%
TOTAL	0	0	0	0	0%

Advanced Placement on the Provider Profile

- **When?**
  - Voluntary – request initiated by the provider

  - There are minimum prerequisites for length of time in the public MH/DD/SA system:

    - Routine Status – 6 months
    - Preferred Status - 1 year
    - Exceptional Status – 2 years
    - Gold Star Status – 3 years

Advanced Placement on the Provider Profile

- How?
  - The years of credit are not confined exclusively to the provider's tenure in the LME/MCO network to which the provider is applying for advanced placement.

  - Other creditable years of service (e.g., provider contracted with other LME/MCOs in the past or the length of time enrolled as a Medicaid provider) would need to be verified.

Advanced Placement on the Provider Profile

- ## When, Where, How?

  - It is possible to apply to a LME-MCO for advanced standing upon enrollment in the network, however:

    - Regardless of the number of years in the public service system, an Implementation Review is conducted 90 days after the provider is reimbursed for the first set of claims submitted.

    - The provider does not "skip" ahead to a higher level – in applying for advanced standing, the provider must also demonstrate that the agency meets the requirements of all other intervening levels.

Advanced Placement on the Provider Profile

- Phases
  - Self-Assessment Completed by the provider
    - Provider earmarks the supporting documentation included in the packet submitted to LME/MCO to facilitate desk review

  - Desk Review – Conducted by the LME/MCO
    - Typically review of policies and procedures, brochures, training curricula, etc.

  - On-Site Review – Conducted by the LME/MCO
    - Review of items not submitted for the desk review, or items that require additional review and/or verification in order to determine if the requirement is met. This could involve interviews of individuals receiving services, staff, stakeholders, etc.

What?

- Areas Assessed by the PEGS Tools

  - Self-Monitoring Quality Management Systems

  - Person-Centered Planning and Service Delivery

  - Opportunities for Skill Enhancement

  - Agency Functions

  - Status with Regulatory Entities

PEGS Tools

- **Self-Monitoring Quality Management Systems**
  - Has implemented a viable CQI process
  - Complaints and Grievances
  - Incident Reporting
  - Restrictive Interventions
  - Consumer, Staff and Stakeholder satisfaction surveys
  - Analyses trends
  - Takes action to reduce the reoccurrence of events that negatively impact quality of care and consumer outcomes
  - Comprehensive review of service system across all services and programs

PEGS Tools

- **Person-Centered Planning and Service Delivery**

  - A coordinated process

  - Promotes the use of natural supports

  - Utilizes research-based best practice standards consistent with the service provided and the population served

  - Culturally sensitive

PEGS Tools

- Opportunities for Skill Enhancement

  - Training plan is based on needs assessment and results of QI studies and provides for competency-based instruction

  - Individual supervision plans and performance evaluations include opportunities for professional growth and skill enhancement for all staff

PEGS Tools

- ## Agency Functions

  - Strategic plan reflects areas identified through internal and external quality reviews and assessments

  - Participates on local or state-level committees that promote current or emerging best practices

  - Serves as a mentor or role model for other providers

  - Agency is financially solvent

PEGS Tools

- Status with Regulatory Entities

  - National Accreditation

  - Incident Reporting and Responsiveness

  - Substantiated Allegations

  - Sentinel Events

When, Where, How?

- **Methodology**

  - Self-Assessment

  - Desk Review

  - On-Site Verification

  - Interviews

When, Where, How?

- ## Application by Provider Agencies for Advanced Status

  - Self-Assessment

  - Desk Review

  - Cultural Competency Tool

  - Post-Payment Review
    - Preferred Status – 20 paid claims
    - Exceptional Status – 15 paid claims
    - Gold Star Status – 10 paid claims

Note: The current sample size for the post-payment reviews for PEGS status is under review. The number of paid claims specified above is subject to change due to the policy decision that advanced standing applies to the agency as a whole and the need to draw a representative sample.

When, Where, How?

- Minimum Threshold for Passing

  - Preferred Status = 85%

  - Exceptional Status = 90%

  - Gold Star Status = 95%

When, Where, How?

- Frequency of Monitoring for PEGS
  - Preferred Status – Every 2 years
  - Exceptional Status – Every 3 years
  - Gold Star Status – Every 4 years

- Subsequent Reviews
  - Validation that Requirements of PEGS Level Has Been Maintained
  - Cultural Competency Review Tool
  - Post-Payment Reviews

When, Where, How?

- ## Advanced Standing for Licensed Independent Practitioners

  -- is based solely on the provider's performance on Gold Star monitoring

  - Preliminary Status
    - Attained < 85%
    - Monitored annually
  - Preferred Status
    - Attained >= 85%
    - Monitored every 3 years
  - Methodology
    - LIP Review Tool
    - Post-Payment Review (N= 10 paid claims)

o Gold Star monitoring is site and service-specific.

o Advanced standing with Preferred, Exceptional or Gold Star status applies to the agency as a whole.

o All providers are subject to an Implementation Review 90 days after the provider has been reimbursed for the first set of claims submitted after enrollment in the network.

○ Providers are given credit for the length of verifiable time they have participated in the public MH/DD/SA service system whether enrolled in the LME-MCO's network or not.

○ Frequency of Monitoring Based on Status on Profile:

  ⨯ Routine – Annually
  ⨯ Preferred – Every 2 years
  ⨯ Exceptional – Every 3 years
  ⨯ Gold Star – Every 4 years

○ URAC and NCQA approved the delegation of initial and routine monitoring of licensed facilities to DHSR-MHL for those services that are surveyed by DHSR-MHL on an annual (12-15 month) basis.

○ In order to reduce duplication, ACTT services are exempt from the regulatory compliance/quality review using the Gold Star tools because of the comprehensive Tool for Measurement of Assertive Community Treatment (TMACT) fidelity reviews; however, ACTT services are subject to post-payment review.

○ The AFL Health and Safety Review Tool is used for the annual monitoring of unlicensed AFLs under the Innovations Waiver.

- ## Responsibilities of LME-MCOs:

  - Monitoring the providers with which they contract whether the service is located inside or outside the LME-MCO catchment area.

  - Monitoring non-contract providers in their catchment area and sharing the results with the LME-MCO with which the provider contracts.

  - Conducting post-payment reviews on the providers with which they contract.

- ## Responsibilities of LME-MCOs for Licensed Facilities:

  - With the exception of complaints related to Medicaid billing issues, including allegations of fraud and abuse, LME-MCOs should only investigate non-ruled-based complaints of licensed providers.

  - Except as noted above, rule-based complaints, including those which involve consumer health, welfare and safety issues, should be referred to the Complaint Intake Unit at DHSR (1-800-624-3004).

- ## Responsibilities of LME-MCOs for Licensed Facilities:

  - Monitoring licensed facilities that are not surveyed by DHSR-MHL on an annual (12-15 month) basis

    Refer to "*Licensed MH/DD/SA Services and Frequency of Surveys Conducted by DHSR-MHL Section*" chart

  - Conducting post-payment reviews on all licensed facilities that fall under the rubric of Gold Star Monitoring

    Note: While Early Intervention Services, ICF-MR facilities and Inpatient Hospitalization fall outside of Gold Star Monitoring, as a reimbursable service, these services are subject to program integrity reviews when indicated.

Post-Payment Reviews:

- Because PPRs are based on paid claims for services provided to an individual on a site and service-specific basis, they are not redundant.

- Post-payment reviews are conducted within the context of all phases of Gold Star Monitoring as well as when complaint investigations or other reviews are conducted.

- In those cases where a provider contracts with more than one LME-MCO, there are opportunities for collaboration and coordination across LME-MCOs.

- The Post-Payment Review Tools are used for Gold Star Monitoring as well as to conduct program integrity audits.

- # Plans of Correction:

  - Plans of correction may be requested by the LME-MCO to correct non-compliances and deficiencies.

  - When a POC is requested, the timelines and procedures outlined in the DMH/DD/SAS Plan of Correction Policy will be used.

  - In licensed facilities, DHSR follows up on all standard deficiencies at the next survey.

- ## Application Policy and Procedure Review Tool:

  - For a provider whose service array includes at least one licensed service who is requesting to participate in the LME-MCO provider network, the provider is not required need to complete the Application Policy and Procedure Review Tool.

  - The Application Policy and Procedure Review Tool is designed to be used when the provider does not provide a licensed service.

Sampling Methodology:

○ RAT-STATS statistical software has been adopted by DHHS as the approved *numbers generator* for selecting the sample for Gold Star Monitoring.

  ✕ Gold Star monitoring is site and service-specific.

  ✕ The current sample size for the Implementation (Initial) Review is 10 paid claims.

  ✕ The current sample size for a Routine Review is 30 paid claims.

- ## Sampling Methodology:

  - In order to ensure a representative an adequate sample, sample selection for initial certification and re-certification of PEGS status is being re-evaluated in light of the decision to apply advanced standing across the agency as a whole.

  - The sampling methodology for Gold Star monitoring does not use extrapolation.

- Re-certification of Advanced Status:

  o The Domain Review Tool has been discontinued for monitoring PEGS providers for re-certification. Some items on the Domain Review Tool have been incorporated into the PEGS tools.

  o The PEGS tools have been enhanced to better differentiate the requirements for movement from one level to the next and to better assess continued maintenance of the attained status.

Additional Information

○ For the latest updates on new developments in Gold Star Monitoring and additional reference materials, go to the Provider Monitoring Web page:

http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

Provider Monitoring Web Page

- Background
  - *"Statewide Implementation of Gold Star Provider Monitoring"*
  - *"Philosophical Framework for NC Gold Star Provider Monitoring"*

- Training and Presentations

- Coordination Between the LME-MCOs and DHSR-Mental Health Licensure and Certification Section

- Advancement Through the Provider Performance Profile (Flow Charts)

Provider Monitoring Web Page

○ Gold Star Tools

  ✗ Initial and Routine Monitoring Tools for Agencies and LIPs
  ✗ Specialized Tools
    ○ Application Policy and Procedure Review Tool
    ○ Additional Service Policy and Procedure Review Tool
    ○ Non-Contract Provider Tool
    ○ PRTF Staff Ratio Review Tool
    ○ Residential Staff Ratio Review Tool

  Note: For each review tool, a sample test tool is included.

○ Frequently Asked Questions

○ Policy Positions for Standardization of Gold Star Monitoring

Provider Monitoring Web Page

○ Bright Ideas

⚹ LME-MCOs share innovative materials and resources pertaining to Gold Star Monitoring that they have developed as part of in-service training, staff development, provider forums, community education or other activities.

Questions

- Please send your questions to the Provider Monitoring mailbox :

    gold.star.provider.monitoring@dhhs.nc.gov

    or

    provider.monitoring@dhhs.nc.gov

- A topical index of FAQs is posted on the Provider Monitoring web page.

Working in Partnership With Providers to Promote and Ensure Quality Service Delivery